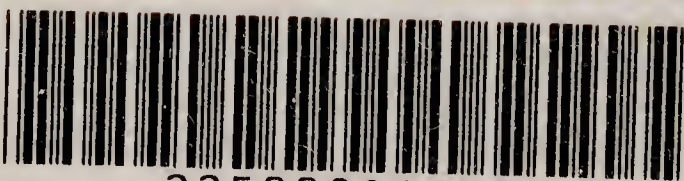


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HOMŒOPATHY

TESTED BY FACTS:

CASES ILLUSTRATIVE

OF THE

HOMŒOPATHIC ACTION

OF REMEDIAL AGENTS.

BY

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PREFACE.

IT was the original wish of the Author, that the Cases contained in the following pages might be admitted into the columns of the well-known Journal connected with our Edinburgh Medical School; but no room being available at present, and no ulterior promise of space being held out for this purpose, there only remains the adoption of the present mode of making known to the Medical Public the results of a patient investigation—a mode which has previously been thought admissible by members of the profession whose position and medical “orthodoxy” did not limit *them* to such a channel. It was suggested by a medical friend that the Medico-Chirurgical Society might be a proper medium through which to communicate the results of the present inquiry, but probably few persons, among whom the Author is one, could for a moment anticipate a quiet and patient hearing in face of the “Resolution” against Homœopathy passed by that body in December, 1851, and which has never been rescinded.

Not the least interesting of the thoughts suggested by this inquiry are those arising from the impulsive comments passed upon occasions of casual meeting with medical friends, who unexpectedly find themselves called upon to enter objections;

and it is with no little sorrow, and with increased faith in Homœopathic truth, and the integrity of those who have faced detraction and obloquy in order to advance it, that the Author is constrained to believe that the crime of a convert consists in the acknowledgment of his conviction, not in his condescending to make a practical use of the Homœopathic discovery.

It has been asserted that the cases embodied in the following pages are too few, and the Author's experience of Homœopathic therapeutics too scanty, to warrant his conversion. In answer to this, the Author has merely to remark, that these only form a portion of a comparatively large mass of evidence collected within his own sphere, and that the actual time afforded to the study has been more than quadruple that which the Medical Faculty of Edinburgh deemed necessary for gaining the therapeutic knowledge qualifying for their degree.

LEITH, 53 CONSTITUTION STREET,
4th January, 1858.

HOMŒOPATHY, &c.

"We are still too ignorant to be able to predicate à priori what may or may not be true in the great field of nature."—DR A. COMBE.

FOR some time past I have been engaged in testing practically that system of medical treatment based upon the alleged law of similars. The adoption of this law as the ruling guide and as the motto of the school of medicine, known by the name of "Homœopathic," would not probably have induced me to investigate the subject, as I had been taught to believe that the practitioners of this school were either fools who deceived themselves, or rogues who deceived others. The success of the practice, as reported to me by some who had personally experienced the treatment, alone, in the first instance, induced me to pause before summarily dismissing from my mind the testimony of those whose opinions on *other* subjects I would have listened to as the opinions of wise and honest men. On the one hand, statements were made in the most solemn and confident manner; on the other hand, I was bound either to accept this evidence as that of credible witnesses, or to disprove the alleged facts. The former I was not disposed to do; the latter I could only hope to accomplish by an independent personal inquiry. But how was such an inquiry to be made? For a practitioner to confess that he is even *investigating* homœopathy, is to be suspected of heresy, and to become a marked man; while to *proclaim* himself a convert to its doc-

trines, is to embrace comparative isolation, and to be spoken *of* rather than *to*. I resolved, however, to encounter this risk of detection, and to be guilty for once of the sin of investigation; and while I purposed to give the system an honest and impartial trial, it was my most earnest desire that these experiments would prove negative, and therefore convincing to my mind that the theory of Hahnemann was a dream, and the practice of his followers a cheat. The orthodox schools, therefore, had taught me that, in testing a medical theory, it is duty to prove it false when not convenient to find it true.

The cases selected for treatment were, for the most part, simple and uncomplicated: such cases as are of daily occurrence in ordinary practice, and with the course of which under the old management I was quite familiar. I endeavoured as far as possible to avoid sources of fallacy, and to secure the conditions necessary to arrive at a fair conclusion. To obviate the objection so constantly urged in reference to the *imagination* as an element in connection with the results of many of the cases reported as treated in this way, I gave the medicines disguised as allopathic mixtures, and *in no instance was the patient aware that he received other than orthodox medicine*. Indeed I could not move a step openly. Medicines were gotten in secrecy, and given in disguise. Books were bought secretly, and in secret they were studied. If at any time an allopathic foot trod my lobby, the heretical volumes were hastily thrust into an obscure corner, and the inquirer after medical truth had to bow a welcome to his friend suspected of medical error. Thus, from day to day, for two long years, my life has been one of unavoidable, but—if I may be allowed the expression—most conscientious hypocrisy. And here let me protest against that state of “legitimate medicine” which necessitates such precautions on the part of the inquirer after truth. Why is it that obstacles all but insuperable are thrown in the way of those who, dissatisfied with the present state of practical medicine, seek to investigate with fairness and honesty of purpose a law of cure believed in by hundreds of medical men, of whose integrity and moral worth there is no reason to entertain a doubt? If the system is false, it will not bear investi-

gation: if true, it deserves it. Why, then, is the detection of falsehood or the discovery of truth in homœopathy dreaded? If those members of the profession who are so uncompromisingly opposed to the new system will not themselves investigate its merits, why do they attempt by ridicule and abuse to intimidate others, who prefer the simple task of experimentation to that bigotry which presumes to deny while it refuses to examine? The usual reply of the allopathic zealot, when the question is pressed on him, "Why do you not test this system?" is, "It is unworthy of trial;" but surely a system which is worthy of such a lengthened *theoretical* examination as Dr Simpson has bestowed upon it, or a place in the "Edinburgh Essays," as Dr Gairdner has given it, is worthy also of a *practical* inquiry. There is gross inconsistency here. Dr Simpson will write 286 pages on it, but he will not make a single experiment; and Dr Gairdner considers it so important a subject as to be worthy of a foremost place in the "Edinburgh Essays," but so unimportant as not to merit a practical test. Was ever a contradiction more glaring than this? Can it be possible that these men fear to investigate, lest in their experience the statement of Dr Henderson becomes a fulfilled prophecy, that "to investigate homœopathy is to become convinced of its truth?" If those who have made themselves conspicuous by their printed attacks on homœopathy had turned their attention to it as a practical study, they might have employed their time more profitably to others, and perhaps with more credit to themselves. But such controversialists cannot reasonably be expected to engage in any undertaking which *might* result in consequences somewhat serious to "legitimate medicine." A position has been taken up which they feel bound to maintain; and having, through a blind reverence for the so-called "rational" system of medicine, come forward as the champions of "legitimacy," they not only repudiate experimentation themselves, but seek with academic thunder to terrify the doubting disciple from all practical inquiry.

That such a state of things still exists, is certainly no small matter of surprise; and it is much to be regretted that any one should be found so destitute of moral courage as to be deterred

from inquiry from such a cause. I know of some who dare not enter a homœopathic chemist's shop, for the purchase of books or medicines, except under cover of night. Such clandestine visits are by no means uncommon; and their necessity indicates too plainly the extent and nature of the animus pervading the allopathic body. As homœopaths are persuaded that practical inquiry will dissipate this deep-rooted prejudice, they insist on it as essential to a just estimate of the system; and until such an investigation has been fairly made, it cannot be said that the subject has been met on its own ground. It is quite notorious that those of the allopathic school who have written against homœopathy have, for the most part, selected for their points of attack questions quite unconnected with the *principle* of the system, and have avoided nearly or altogether the real points at issue. The extravagances of Hahnemann, and some of his disciples, the errors, opinions, theories, &c., suggested by, but totally distinct from, the fundamental truth of the system, have presented to its opponents salient points too inviting to be overlooked; and while attacks on matters of *opinion* have not been wanting, questions of *fact* have been either quietly ignored, or have met with a simple denial. The elaborate provings first instituted by Hahnemann and the German physicians, and afterwards repeated and attested in Germany and America, have been received with ridicule, and, instead of *proof* of their inaccuracy having been advanced (which could only be obtained by a repetition of the experiments), the credibility of the witnesses has been denied, and their reports *assumed* to be false. Again, the small dose has been made by the opponents of homœopathy to occupy so prominent a place in the consideration of the subject, that the essential question—the *principle*—has been in a great measure lost sight of, at least by the public. The object of this is apparent enough—it is to raise such a mist around the centre pillar of the system as to veil in obscurity what they cannot remove or destroy. The truth is, that, throughout the whole controversy, the opponents of the system have used as their main weapons ridicule, abuse, and partial representation, mingling with these the usual cry, “con-

trary to common sense and experience.” How the new practice can be *contrary* to an experience of it which does not exist, is not shown; and if the heads of the profession persist in declining to test the so-called heretical practice, it remains for the younger members of the profession to decide the truth or falsehood of the system for themselves, not by *reasoning* about the impossibility of the action of small doses, but by administering the homœopathic remedies, and *observing* the result.

The attitude of the profession generally in reference to the question of homœopathy cannot fail to strike the unprejudiced onlooker with surprise. A law of cure has been announced by a regular practitioner of medicine, and “one of the most distinguished of German physicians;” it has been tested during upwards of fifty years by a steadily and rapidly increasing number of medical men, of all countries, first in tens, then in hundreds, now in thousands; it has stood that test, and has been declared a *fact* by those men whose daily practice exhibits *proof* visible to any one who will *look*; it is a method of treatment therefore brought to us, and attested by a great cloud of witnesses; and yet this evidence, because to many of the profession incredible, is declared false! But so long as the facts advanced by the advocates of homœopathy have not been opposed by *contrary* facts, so long must the adherents of “legitimate medicine” remain under the imputation of unfairness. It may suit allopathic purposes to cast discredit and suspicion — with some plausibility, too — on such statistics as those of Dr Fleischmann of Vienna; but while the statistics of Tessier of Paris, and the experience of private practitioners of homœopathy, show nearly the same rate of mortality; and those of Dietl, under expectant treatment, show, as Dr Henderson has stated,* that “allopathy is three times as fatal as no treatment at all,” no member of the profession, who can free his mind from prejudice, will be satisfied that there is “plainly nothing more to be said on behalf of the truth,” but will, with an honest purpose, make a personal effort to solve the question, what *is* the truth? The

* “Brit. Jour. of Homœopathy,” vol. xv., p. 304.

candid inquirer, in short, will rather prefer to determine by experiment whether certain things are, than attempt, by every other means, to show why these things cannot be.

With these views I prosecuted my practical inquiries into homœopathy, and, as before stated, in the expectation, nay, the hope, of finding it a negative system. The apparent absurdity, as I thought, of its doctrines, led me to anticipate no difficulty in exposing, to my own satisfaction at least, the baselessness of the whole fabric. Had these anticipations been fulfilled, I would not have hesitated in making use of the results for the purpose of expressing my disbelief of a system which, in my own hands, had broken down under a clinical test, and which, therefore, to *me*, appeared a delusion. But, since these anticipations have not been fulfilled—since the system has stood a severe and searching scrutiny—and, in place of a delusion, appears a reality, am I to shrink from doing in the one case what I would not have hesitated to do in the other?—to confess a belief *now* as readily as I would have declared a disbelief *then*. To act thus, would not only be ungenerous and cowardly, but positively dishonest. The question becomes one of morality, and therefore of duty. To dread consequences in such a case, so as to allow that dread to influence one's conduct, is to bow with a truckling spirit to the magnates of professional bigotry, whose experience of the whole matter amounts to—nothing; it is to yield to intimidation of the most intolerable kind, and, without a murmur, to suffer one's convictions to be stifled and judgment to be fettered. For my own part, rather than submit to a bondage so humiliating, I would step boldly out from the allopathic camp, bearing reproach.

The following cases may be taken as fair average specimens of those I have treated during my inquiry into the practice of homœopathy; at the same time I may mention, that comparatively few of these have been reported in detail. Some, showing results not at all inferior to the following, have not been recorded at all, and very many others, less striking, perhaps, though equally successful, have also been omitted. This has arisen from want of time or opportunity to take the necessary notes. None of my earlier trials have been included, as it

would be obviously unfair to regard either the successes or the failures in any other light than as happy accidents in the one case, or as evidences of my own insufficiency in the other; indeed, until my acquaintance with the system was such as to justify expectations of results, I did not deem it necessary to preserve any record of the trials.

C A S E S.

CASE I.—LARYNGITIS.—*Isabella C*——; *æt.* 15. *November* 15, 1857.—States that for three days she has had sore throat, with pain and difficulty in swallowing, and that to-day the pain has become more urgent, and appears as if deeper seated. She is in bed, and very feverish; skin hot and dry; face flushed; great thirst; pulse 116, sharp; breathing laborious, with sawing inspiration; cough rough, but sounds as if something loose could be expectorated; there is total loss of voice, and she can only speak in a whisper; experiences extreme pain during deglutition; tenderness externally, and pain when pressure is applied to larynx; feels general soreness over chest.

Aconite, 1st dec. dil., and Spongia, 1st centes. dil.; drop doses in alternation every hour.

November 16.—Skin cooler; no flushing of face; pulse 96; softer; cough more loose, with some expectoration; respiration less laborious, but of the same sawing character; aphonia; general soreness of chest gone. Continue medicine.

Vespere.—No fever; pulse 80; cough more loose; no change otherwise. Omit Aconite and Spongia.

Hepar sulph. 1, every 2 hours.

November 17.—Much better; pulse 76, natural; voice returned; respiration natural; cough rather troublesome during the night, but very loose; sputa bloody; no pain in swallowing; larynx still painful, when pressure applied externally.

States, that immediately after each powder she shivers violently, and that this continues for about an hour. The shivering is principally confined to the trunk of the body and arms. She affirms that she never felt any chilliness after any of the other medicines, but has *invariably* done so after the Hepar. This information was volunteered, and I put no leading question. Omit Hepar 1.

Hepar sulph. 3, every 3 hours.

November 18.—Nearly well; feels weak.

November 20.—Quite well.

CASE II.—PNEUMONIA.—*Andrew M'G*——; *æt.* 3. *February* 4, 1857.—Four days ago, in the evening, he appeared pale and ill, and shortly afterwards became feverish. He continued hot and thirsty all night, and “his breath posted.” On the following morning he was better, but in the evening the symptoms returned. His mother then gave him a calomel powder, followed next morning by senna. During that day and the following one he was pretty well, but on each evening there was an aggravation of the cough and fever. All along his cough has been dry and hard. Saw him for the first time at

10 P.M.—Face flushed; fever intense; heat of skin pungent; pulse

130; respiration quick and short; tongue coated with a thick white fur; thirst; constipation.

Physical Signs.—Considerable wheezing, with general coarse crepitation over lower half of both lungs in front, with slightly-marked dulness on percussion; behind, there is very marked and well-defined dulness over the lower lobes, and very fine crepitation to the same extent. Coarse râles are heard at intervals.

Aconite 3, and Bryonia 3, in alternation every 2 hours.

February 5.—His mother says that he has passed a better night than any since his illness commenced; fever less; skin warm; pulse 100; breathing easier; cough very loose, but, as the expectoration is swallowed, its character cannot be ascertained.

Physical signs improved; crepitation very distinct, but sounds more moist; dulness less marked. Continue medicines.

February 6.—Not so well; passed a restless night; was feverish, and raved a little; is oppressed in breathing, and appears to suffer pain or uneasiness in the head; cough more hard and dry; tongue much loaded, and rather dry; offensive breath; bowels torpid. No change on physical signs. Continue the Aconite.

Belladonna 3, to be substituted for the Bryonia.

February 7.—*Mane.*—Much the same; passed a restless night; some raving. Continue the medicines.

Vespere.—Quite cool and free of fever; no dyspnoea; cough hard and dry, and comes on in paroxysms.

February 8.—Was somewhat restless last night, but slept uninterruptedly from 12 till 3 this morning; slightly feverish; breathing easy.

Physical signs much the same. Medicines to be continued, only substituting Phosphorus 3 for the Belladonna.

February 9.—Has passed a night of incessant coughing, but is otherwise better.

Physical Signs.—Crepitation coarser; dulness on percussion much less marked. Omit Aconite and Phosphorus. Arsenic 3.

February 10.—Much the same; quite free of fever. Continue medicine.

February 11.—Remarkably well; is quite free of fever; skin cool; breathing natural; cough still annoying; appears very weak. The crepitation has entirely disappeared from the *left* lung, and natural breathing is heard in its room: on the *right* side, there is still a trace of it. All medicine to be discontinued, and wine and beef-tea to be given.

February 12.—Coughed rather more last night; otherwise better.

Ipecacuan 2.

February 14.—Cough better, but still annoying; otherwise rapidly improving.

February 17.—Daily gaining strength. This child gradually got quite well, but the dry irritative cough I failed to remove with homœopathic medicines, and had to resort to morphia, which was successful. The principal remedies, however, I omitted to try—namely, Pulsatilla and Nux.

CASE III.—PNEUMONIA.—*Margaret H*—; *æt.* 44. *April 8, 1857.*—Saw her for the first time to-day. She states that, four days ago, after exposure to cold, she shivered, and was seized with pain in the left side. After the application of a sinapism the pain abated, but cough and dyspnoea set in, with expectoration of tough sputa. At present her

skin is hot; complains of thirst and headache; pulse 120, weak; there is great dyspnoea, with a general feeling of soreness and heat of chest; cough incessant, with rusty sputa; it adheres to the vessel, so that when inverted none escapes.

Physical Signs.—Perfect dulness over the lower half of left lung; the breathing is for the most part tubular, but fine crepitation may be heard here and there.

Aconite 3, 1 drop every 2 hours.

April 9.—Much the same, but rather less feverish; pulse 120, weak; skin cooler; less soreness of chest. No change on dyspnoea, cough, or physical signs, but the sputa are still characteristic. Omit the Aconite.

Phosphorus 3, 1 drop every 2 hours.

April 10.—Feels much better; skin cool; pulse 100, stronger, but soft; sputa much less bloody. Expresses gratefully the relief she experienced “after beginning the new bottle.”

Physical Signs.—Fine crepitation very audible over the inflamed part; dulness on percussion less; resolution going on; no blood in sputa.

April 12.—Continues better; resolution nearly complete; no dyspnoea; some cough; appetite returning.

April 16.—Visited her for the last time. She is now quite well, and only feels weak.

CASE IV.—ACUTE PLEURISY.—*Mrs R*—; *æt.* 33. *October 13, 1857.*—I was sent for to visit this woman at 1 A.M., in great haste, and found her labouring under the following symptoms:—Severe pain below the left breast, preventing free respiration, and occasioning alarming dyspnoea; the *stitch* is constant and most acute, every inspiration being *caught* and followed by a suppressed scream. The pain is somewhat increased on pressure between the ribs; there is fever and hot skin; pulse 120, small, and rather hard. I learned that she had shivered about 11 o'clock of the previous evening, and that the pain had set in immediately, and had steadily increased till now. Mustard had been applied without relief.

Physical Signs.—A friction sound is very audible over several inches below and around the left breast; the respiratory sounds are feeble, from the fixed state of the ribs during respiration. Percussion sounds natural. Aconite 1st dec., and Bryonia 1st dec.; drop doses in alternation every half-hour. If not relieved by 6 A.M., twelve leeches to be applied.

8.30 A.M.—Got relief after the third dose, and the pain has continued to abate steadily since; it is only now felt when a forced inspiration is taken; no dyspnoea whatever; some fever; pulse 100, softer; skin moist; friction sound loud. Continue medicines every hour in alternation.

3 P.M.—Much better; *no pain, even on a forced inspiration*; pulse 96; skin still hot, but moist; friction sound scarcely audible. The medicines every 2 hours.

8 P.M.—No pain; breathing natural.

October 14.—Is quite better; is up and moving through the house.

October 18.—Since last report has continued quite well.

CASE V.—ACUTE PLEURISY.—*Mr B*—; *æt.* 32. *November 18, 1857.*—States that yesterday he suddenly shivered violently on putting his hands in cold water, and that shortly after a pain set in near the left nipple. It continued increasing in intensity until the evening, when he went to bed, and mustard was applied. From this he received

no relief, and as the pain hourly increased, his wife sent in alarm for assistance at

2 P.M.—In bed; febrile aspect; hot, dry skin; face flushed; breathing hurried and short; severe *stitch* in left breast, catching each inspiration, and causing him to cry out; pulse 116, very strong and powerful; dry cough; cannot turn on right side.

Physical Signs.—Marked friction sound around the left nipple for several inches; slight râles; percussion dull.

Aconite 1st dec., Bryonia 1st dec., in drop doses alternately every half-hour.

9 P.M.—Easier; pain much less, and only felt when the breathing is forced; skin warm, but not hot, moist; pulse 100; can turn on his right side; tongue foul. Continue medicines every hour.

November 19.—Very much better; can draw a deep breath with scarcely any pain; can move freely in bed; pulse 84, soft; no fever; coughs a little, and has expectorated some bloody mucus; no friction sound audible. Omit Aconite, but continue the Bryonia.

6 P.M.—Almost well; pulse 80, soft and natural; no pain whatever; slight râles are audible over lower lobe of affected side, but no rubbing.

Bryonia every 2 hours.

November 20.—Is up and moving about; feels quite well, but still coughs a little; no blood in sputa.

November 21.—Feels quite better.

November 24.—Continues well.

CASE VI.—ACUTE BRONCHITIS.—*Janet C*—; *æt.* 6. November 1, 1857.—On visiting, found that she had suffered from cough for about eight days, and that last night, about 12 o'clock, she had become feverish and restless; very thirsty, with considerable increase of cough. The fever continued all night, and the breathing became quick, with constant tickling cough.

At present—1.30 P.M.—Very feverish; skin hot; the heat is dry and burning; pulse 140; face pale and puffy; dyspnœa, but not urgent; tongue coated in centre with white fur, clean and red at edges; cough very frequent, rather dry, but with occasional expectoration of mucus; bowels loose; stools thin, pale and frothy.

Physical Signs.—*Left Side.* In front over the upper and middle lobes the breathing is loud and natural, with occasional communicated ronchus from behind; dry and moist râles general over lower lobe. Behind, over the whole lung, there is general wheezing, with coarse and fine râles, and occasional ronchus. Over a large space below the scapula there is a loud sound as of creaking leather.

Right Side.—Breathing in front pretty natural in upper lobes, but râles abundant in lower—behind, there is general wheezing, with loud ronchus and mucous râles.

Aconite 1, Bryonia 1, in drop doses alternately every hour.

9 P.M.—Perspiring freely; skin hot; pulse 140; cough much looser.

Physical Signs.—Much changed; râles not nearly so loud, and mingled with more natural breathing; creaking sound scarcely audible. Continue medicines.

November 2.—Skin cool; dyspnœa gone; pulse 96; cough loose, and not nearly so frequent. The physical signs have nearly disappeared, and there is only a trace of the creaking sound.

November 3.—Still improving; some cough; free expectoration.

November 4.—Is up and amusing herself; cough troublesome; scarcely a trace of wheezing; appetite returning. Discontinue medicines.

Tart. emet. 1, every 4 hours.

November 6.—Quite well.

CASE VII.—ACUTE BRONCHITIS.—*D*—— *F*——; *æt.* 8 months. November 9, 1857.—His mother states that for the last fourteen days he has had “a rattling at the chest,” with slight cough. On the 6th inst. he got worse, and his breathing was much affected. On the 7th he was easier, and breathed better. On the 8th he was again worse, but after the application of mustard had some relief. At 3 o’clock this morning he was very much worse, but having again become easier, I was not called till 3 P.M. *At present* the skin is hot; there is fever; great dyspnœa; the breathing is short and quick; cough constant, with moderate expectoration.

Physical Signs.—General wheezing through the whole chest, with sibilant and sonorous sounds abundant. There are few moist mucous râles.

Aconite 1, Bryonia 1, in alternation every hour.

November 10.—Not much change; cooler; but breathing the same. Discontinue Bryonia, and substitute Tart. emet. 1.

November 11.—*Mane*.—Was sent for, as the child was supposed to be worse; on visiting, however, I thought him better—the dyspnœa was decidedly less, and the cough had become very loose. The fever also had abated. Mucous râles abundant, and general through chest.

4 P.M.—Better; cough loose; breathing free; little heat of skin; no appetite.

10 P.M.—Continues better. Discontinue T. emet., and substitute Ipecac. 1st dec.

November 12.—Easier; cough loose, and expectoration very free; râles less general; fever quite gone.

Vespere.—No change since the morning. Aconite and Ipecacuan to be discontinued. T. emetic 1, to be taken.

November 13.—Still improving; râles diminishing; still some dyspnœa; he seems generally sore when touched or moved; cough very loose, the mucus filling the mouth at every cough. No desire for food; is pale and weak. Omit all medicine, and take Sacch. lactis 1 grain every 4 hours.

November 14.—Cough more rough, and expectoration not so free. His mother says that ever since he began the last powders (not medicated), the cough has been more hard and dry, and that “through the night he was real bad.” So much worse did he seem, that a message was sent for me early in the morning to come as soon as possible.

Arsenic 1, every 2 hours.

November 15.—Very much better; breathing more free; râles less numerous and general; expectoration very free; the mucus fills the mouth, but is immediately swallowed. His mother affirms that the last drops have done him “a heap o’ guid.” The child is lively, laughing, and playful.

November 20.—Since last report, the improvement has continued steadily under Arsenic, with an occasional dose of Hepar sulph. The child is now better.

CASE VIII.—HOOPING-COUGH.—*William M*——; *æt.* 8. May 22, 1857.—Has had whooping-cough for a fortnight, but for the last 10 days the characteristic hoop has been severe, accompanied with lividity of the face; there is no vomiting.

Drosera 1st dec., 1 drop every 4 hours.

May 24.—Greatly better; has had no hoop since beginning the use

of the medicine; previously he never coughed without it. Continue medicine.

May 28.—Is almost well; scarcely coughs at all; no hoop.

June 2.—Quite well.

June 23.—Has continued quite well. Since his illness, a brother and younger sister have had the disease. The former *speedily* got well under the Drosera; the latter has steadily improved, and is now nearly well.

July 6.—All quite well.

CASE IX.—HOOPING-COUGH.—*William C*—; *æt.* 4. *November 1, 1857.*—Caught cold about 8 weeks ago, and ever since has suffered from severe cough. A fortnight after this, hooping-cough showed itself, and until now it has gradually increased in severity. Through the day he has a paroxysm on an average every half-hour, with vomiting; during the night every twenty minutes. Complains much of pain of head, referred to vertex. His mother states that a year ago he had a fit of convulsions, and that ever since this pain has annoyed him, but that it has been much worse since the hooping-cough set in. He is dull, and not disposed to play, often holding his head or resting it upon his hand in a half-reclining posture; no appetite.

Belladon. 1, every 2 hours.

November 12.—Has continued the Belladonna till now, but without the slightest effect. Discontinue, and take Nux vom. 1st dec. instead.

November 17.—Much better; has gradually improved since beginning the use of the Nux. Coughs about four times during the day, and scarcely at all at night; no vomiting; headache much better; appetite good; general appearance much improved.

November 19.—Nearly well; scarcely coughs at all, and does not complain of his head.

November 22.—Quite well.

CASE X.—CYNANCHE TONSILLARIS.—*Mrs R*—; *æt.* 25. *July 27, 1857.*—Has complained of sharp pain in the throat for two days, with great difficulty in swallowing. Feels as if a lump had lodged in the throat; is very subject to such attacks; general health good; there is no derangement of the stomach or bowels.

On examination, both tonsils are inflamed and swollen, but especially the *right*, which projects forward to the edge of the uvula. The *left* is more acutely inflamed and painful, but is little enlarged. There is no ulceration. Baryt. c. 3, 1 grain 3 times a-day.

July 28.—No better. Baryt. c. 2, 1 grain 3 times a-day.

July 29.—Almost quite well; pain nearly gone; swelling and inflammation much less; says she has been better ever since beginning the use of the last powders.

July 31.—Quite well.

CASE XI.—ANGINA.—*Mrs P*—; *æt.* 28. *November 3, 1857.*—Has suffered for two days from pain in the throat, but to-day has become much worse; can only swallow liquids, but not without severe pain. Speaking occasions great suffering. The throat is very bright red and swollen, but without ulceration. Belladon. 1st dec., half-a-drop every 2 hours.

November 4.—An hour after the first dose was taken she felt much easier, and after having taken 3 doses felt quite well.

November 5.—Continues well.

CASE XII.—DIARRHŒA.—*Margaret R*—; *æt.* 18. *February* 5, 1857.—A tall, fair-haired, delicate girl, with spinal curvature. Her mother states that ever since New Years'-day she has been subject to great irregularity of the bowels, showing itself as diarrhœa sometimes in the morning or through the day, but more especially at night. The stools are rather scanty, and are preceded by severe colicky pains around the umbilicus; relief to the pain following each stool; stools thin and dark brown. For the last three weeks she has not passed a single night without having had occasion to rise repeatedly. During that time has had about 70 stools. Is pale and weak, but able to go about.

R Solut. Fowleri, g^{tt.}i.
Alcoholis ʒss.—*Misce.*

Sig., 20 drops in water 3 times a-day.

February 6.—No diarrhœa last night.

February 7.—No return of diarrhœa.

February 12.—Has continued quite well; bowels natural. In this case no error of diet was corrected.

CASE XIII.—DIARRHŒA.—*Marion T*—; *æt.* 16. *February* 7, 1857.—For the last five days has suffered from diarrhœa, with griping pain and uneasiness in the bowels, going off after each stool. The stools are dark and feculent. The looseness is particularly troublesome at night. Appetite moderate; tongue foul. No change made on diet.

R Sol. Fowleri g^{tt.}j.
Alcoholis ʒij.—*Misce.*

Sig., 5 drops in water 3 times a-day.

February 8.—No stool since beginning the use of the drops—feels better.

February 9.—Had one slightly loose motion last night.

February 11.—Quite well.

February 17.—Continues quite well.

CASE XIV.—DIARRHŒA.—*Thomas R*—; *æt.* 16 months. *July* 5, 1857.—Was brought to me in the evening, labouring under diarrhœa, which had gone on for several days. Vomiting had occurred very frequently during the day, and still continued. The child was pale, emaciated, and somewhat exhausted in appearance; skin cool. As the gums were tumid, one or two teeth were let through. Ipecac. 3.

July 8.—Heard nothing more of the child until to-day, when I was sent for. Child is in bed, deadly pale, with shrunk features, sunk eyes, with dark areola around; small, scarcely perceptible pulse; cool skin; very low breathing, with frequent sighing. When roused, he looks languidly up, and then gradually rolling his eyes, as it were, out of sight, lapses into a sleep. The vomiting had ceased after the Ipecacuan had been given, but the diarrhœa has continued. The bowels are very loose, the stools being passed in bed. Stools of a dirty brown appearance, watery, and have that peculiar and most offensive odour so common in some forms of advanced diarrhœa about to terminate fatally.

Arsenic 3, 1 drop every hour. Fifteen drops of brandy every hour.

July 9, 5.30 A.M.—Very much better; has only had two stools since last night, but these are large and thin. The child is taking food heartily, is quite lively and cheerful. Sunken appearance gone; is very thin, and much reduced. Continue medicine.

July 10.—Seems quite well; bowels rather loose—motions nearly natural.

July 13.—Is quite well—only a slight looseness remains. Omit Arsenic. Nux 1st dec. every 3 hours.

July 16.—Perfectly well.

CASE XV.—DIARRHŒA, HOOPING-COUGH.—A—— C——; *æt.* 19 months. *October 5, 1857.*—Has been under my care for ten days on account of hooping-cough. Not having seen him for some time, I was sent for to-day, and found, on visiting, that he had suffered from looseness of the bowels since the 2d inst., and that now vomiting had set in. He rejected everything he took. The cough was worse, and with each paroxysm he vomited. The bowels are very loose, and have been moved on an average ten times daily; stools thin, green, and slimy, with very offensive odour; there is great prostration; skin cool; features contracted; eyes sunken; pulse quick, small, and very weak; thirst intense; takes no food. During his illness, prior to the onset of the diarrhœa, he lost much flesh and strength, but now his state of debility is alarming. Ipecac. 3, 1 drop every 2 hours.

October 6.—No better; weaker; bowels as loose; cough and vomiting as constant. Discontinue the Ipecacuan, and take a tea-spoonful of the following every 3 hours:—

R Acid. Hydrocyan. Med. gtt.xx; Vini Ipecac. gtt.x; Mucilaginis 3ij;
Aquæ 3ss.—*Misce.*

Vespere.—Worse; vomits almost without intermission, and always severely after taking the mixture; bowels as loose as before; prostration most alarming. Discontinue mixture. To have Nux vom. 3, 1 drop every hour. A few drops of brandy to be given in water every hour.

October 7, 10 A.M.—No better; vomiting and purging as before; looks alarmingly ill; eyes more sunken; aspect death-like; pulse scarcely perceptible; skin very cool; head hot. Omit Nux. Arsenic 3, every hour.

9 P.M.—Much better; has only vomited once since first dose of Arsenic; *can now cough without vomiting*; has had three small stools since the morning; is feverish; has some thirst; skin warm; face flushed; pulse 120, stronger.

October 8.—Better in every respect; vomiting ceased; bowels loose, but stools becoming healthy; coughs little; has taken food; is lively, and amuses himself.

October 9.—Steadily improving; bowels more natural; appetite good; gains flesh fast.

October 13.—Quite well; is as stout and plump as he was before his illness.

CASE XVI.—DYSENTERY.—Y—— P——; *æt.* 14 months. *June 30, 1857.*—This morning, on awaking, had several loose stools. Shortly after, he was seized with severe purging. The stools, at first slimy and green, soon became bloody. I saw him at 2 P.M. He was very feverish; skin intensely hot; great thirst; prostration; pulse rapid; constant purging of muco-sanguinolent stools, voided with great pain and tenesmus; some of the stools have the appearance of chopped meat. Arsenic 3, 1 drop every 2 hours.

6 P.M.—The pain seems much less during movement of the bowels, but the stools are as numerous, and unchanged in character. The child is pale and exhausted; lips almost colourless; skin burning hot; great thirst; pulse small and contracted; the bowels move every short while. Omit Arsenic.

Aconite, 1st dec., half-a-drop, and Merc. cor. 3, 1 drop every hour, in alternation.

July 1.—Much easier; has only purged once since the change of medicine; the stool was without pain, but was slimy, and with a little blood; skin cool; scarcely any thirst.

6 P.M.—Continues better; fever gone; has had no stool.

July 2.—Quite well.

CASE XVII.—DYSENTERY.—*James R*—; *æt.* 32. *July 18, 1857.*
9.30 P.M.—Was sent for hurriedly, and on visiting, received the following account. For several days he had not felt well, and his appetite became impaired. Two days ago he took two glasses of whisky, and had felt worse since. Yesterday morning his bowels became loose, and continued so. This morning, for the first time, he suffered severe pain in the bowels, and shortly after passed a quantity of blood and mucus. He has been ill all day, and till now has had about thirty stools. These are muco-sanguinolent, and are preceded and accompanied by severe cutting pain and tenesmus. The skin is hot and dry; pulse 116, full and bounding; tongue dry; great thirst.

Aconite 1st dec., 1 drop every half-hour till 12 P.M., then Merc. cor. 2, half-a-drop every 2 hours till three doses are taken, then the Aconite, and so on.

July 19, 10 A.M.—Quite free of fever; skin cool; pulse 64, soft; tongue not so dry; thirst much less; has had fourteen stools since last night, and the pain and tenesmus are still severe; feels better.

Omit Aconite. To have two more doses of Merc. cor. before 4 P.M.

4.30 P.M.—Has had seven urgings to stool since morning, but has only passed about a gill of mucus without blood; complains of much pain with each desire to evacuate; pulse 60; no thirst.

To have one drop of the mother tincture of Colocynth every 2 hours.

July 20, 9 A.M.—Quite free of pain; stools frequent, but much diminished.

Omit Colocynth. To have 1 grain of Merc. sol. 3d dec. trituration every 2 hours.

5 P.M.—Is quite well; bowels have moved twice.

July 22.—Quite well.

CASE XVIII.—DYSENTERY.—*William R*—; *æt.* 15 months. *October 11, 1857.*—Has had diarrhoea for nine days. The stools at first varied a good deal, at one time being green and slimy, at another dark, almost black. Shortly after this they became bloody, and mixed with mucus. This form of stool has continued ever since, with an occasional green or dark-coloured motion. He has lost much flesh during the last week; is pale, soft, and flabby; there is constant desire to go to stool, with pain and extreme tenesmus. Three incisors were let through, as the gums were tumid.

Merc. sol. 3d dec., half-a-grain every 3 hours.

October 12.—Much better; has only had three stools, and these, though slimy, were quite free of blood; little tenesmus.

Continue the medicine.

October 13.—No movement of bowels since last visit.

October 15.—Quite well.

CASE XIX.—DYSENTERY.—*Mrs R*—; *æt.* 39. *October 12, 1857.*—Two days ago became affected with looseness of the bowels, and purged blood and slime. Yesterday was much worse, and purged every hour.

There was great tenesmus, and the motions were purely muco-sanguinolent. Last night took some castor-oil, which operated shortly after. Since then she has had less pain, but the looseness and bloody stools continue; tongue furred; pulse 100; some febrile heat; looks ill. Merc. cor. 1, 2 drops every hour.

October 13.—Since last night has had seven stools, of much the same character as before, but with less pain. Continue medicine.

October 14.—Much the same; stools as numerous as before, but very small; great tenesmus. Omit Merc. cor.

Arsenicum, 1st dec., 1 drop every hour.

October 15.—Has only had two motions since last visit, and passed the night undisturbed. There was still some mucus and blood in the stools. Continue the medicine.

October 17.—Quite better.

CASE XX.—BRITISH CHOLERA.—*George S*——; *æt.* 47. *August 17, 1857.*—On the 14th inst. was affected with looseness of the bowels, but felt better on the following day. To-day the diarrhœa returned with great violence, accompanied by severe vomiting; and in a short time he had numerous stools, preceded by severe pain at the lower part of the abdomen, shooting up to the shoulders, and causing great suffering. Sudden weakness and depression set in, and he had to be carried home from his work. At present (4 P.M.) he is in a state approaching collapse; pulse weak and compressible; skin cold; tongue foul; he vomits and purges every few minutes; stools very thin and watery. No stimulant was ordered, and Veratrum 2, 1 drop every 2 hours, prescribed.

August 18.—Only vomited once after first dose of Veratrum; the purging has ceased.

August 19.—Quite well.

CASE XXI.—BRITISH CHOLERA.—*Alexander W*——; *æt.* 37. *October 8, 1857, 11 P.M.*—Has had diarrhœa for a fortnight, but has been much worse to-day; and at 7 P.M. vomiting and purging became extreme, with severe pain in the abdomen. *At present*, he describes the pain as of a twisting-drawing kind, referred to the umbilical region. It is followed by purging and violent vomiting. He has scarcely a minute of rest. Pulse 120, weak; skin cool; there is considerable pain on pressure over abdomen, more especially over the course of the descending colon.

Arsenic 3, Veratrum 3, in alternation every hour.

October 9.—Neither vomited nor purged after the first dose of the medicine, and the pain rapidly disappeared. Omit medicines.

October 10.—Had three painless motions this morning. Resume the medicines.

October 11.—Quite well.

CASE XXII.—CHOLERA.—*Elizabeth D*——; *æt.* 54. *November 19, 1857.*—Was asked on the street to visit this poor woman, who was said to be very ill. Found her in bed; cold; thin pulse, scarcely perceptible, and impossible to count; skin of a dingy blue colour; sharp, contracted features; sunk and lustreless eyes; leaden tongue; voice gone; vomiting and purging constant, the fluid passed being like rice-water, and quite characteristic; severe inward cramps; cramps of the lower extremities, coming on every three or four minutes; intense thirst. I ascertained that she had suffered from diarrhœa during the night, and that at 7 A.M. the cholera symptoms had set in with extreme violence, and had

continued ever since. *At present* (2 P.M.), she is in a state of complete collapse.

Half-a-drop of Fowler's Solution to be given every half-hour.

5.30 P.M.—Feels better; has only purged and vomited twice since beginning the use of the medicine; has had no cramp since first dose; voice a little stronger; great thirst; has passed no urine since 5 A.M. Continue the Arsenic every half-hour.

8 P.M.—Much better; has twice retched a little since last visit; and has had one motion, the same in character as before; skin warm; pulse much stronger, 96; is restless, and turns a good deal about in bed; considerable thirst; voice nearly natural; complains much of pain in the stomach, which she says comes on "like a twinge," immediately after each dose of the Arsenic; affirms that cold water does not cause the same. Continue Arsenic every hour.

November 20.—Is able to sit up in bed to-day; feels quite well, only weak; has passed no urine. Discontinue medicine.

November 21.—Continues well; passed about a dessert-spoonful of urine to-day. Beef-tea ordered. No stimulant was allowed during any period of this illness.

November 23.—Quite restored.

CASE XXIII.—COLIC.—THREATENED ILEUS.—*Mrs O*—; *æt.* 52. *October 13, 1857.*—Was sent for urgently at 5 A.M. Found that she had been pained severely in the right side of the abdomen the day previous, and that, since 12 P.M., she had vomited incessantly. The bowels had not been opened for four days, and she had taken several doses of strong purgative medicine without relief. She is habitually costive. *At present* (5 A.M.), she is in the greatest agony from severe pain, referred to a point midway between the false ribs and ileum of right side; the pain is constant, but is increased at intervals, and accompanied by severe retching; it is somewhat increased on pressure. The bowel at the seat of pain feels hard and tense, but no distinct tumour can be felt. She is pale and faint in appearance, with a face of anguish; pulse 116, small. Hot applications had failed to give any relief.

Opium 2, and Nux vom. 2, in drop doses alternately every half-hour.

9 A.M.—Had complete relief after the second dose; and the retching ceased; is quite free of pain.

10 P.M.—Continues quite well; bowels moved freely during the day.

October 14.—Quite well; is up and going about.

CASE XXIV.—SCARLATINAL DROPSY.—*Jane F*—; *æt.* 6. *August 16, 1857.*—Had a mild attack of scarlatina the week before last, and, although confined to the house, was not kept in bed. Two days ago her mother observed some swelling of the face and scantiness of the urine. To-day the face is swollen and puffy, especially around the eyes, which are nearly closed. There is some fever; tongue furred; bowels rather open; urine scanty, and of the colour of moss-water; throws down a copious coagulum when boiled.

Aconite 1st dec., half-a-drop every 2 hours.

August 17.—Fever increased; pulse 120; tongue furred; face more puffy; hands and feet swollen; general, though not great, anasarca; bowels loose; motions slimy, with some pain; urine unchanged.

Terebinth. 1st dec., 1 drop every 2 hours.

August 18.—Fever nearly gone; urine natural in appearance, but very scanty, not more than a table-spoonful being passed at a time; is free of any cloudiness or sediment, and, when boiled, shows only a trace of

albumen; puffiness of face decidedly less; general swelling not less; bowels loose, with severe pain and griping; stools slimy, and with tenesmus.

Merc. sol. 3d dec., half-a-grain, in alternation with the Turpentine.

August 19.—Had *immediate* relief to the pain and looseness after the first powder; has only had three motions, and these are more natural; appetite returning; face less swollen; limbs rather more swollen. Since last night, has passed a tea-cupful of urine; no trace of albumen.

August 20.—Since yesterday has passed fifteen ounces of urine, clear, pale, and free of albumen; swelling of face nearly gone; that of limbs much less; bowels natural. Continue the medicines.

August 22.—Quite well.

CASE XXV.—SCARLATINAL DROPSY.—*Georgina F*—; *æt.* 4. *November 11, 1857.*—Had scarlatina a month ago, but no medical advice was thought necessary, as the case was a mild one. She was confined to bed for eight days. When able to move about, after a time, her mother observed her face swollen; the urine became scanty and “dirty-like;” but for several days she passed about a tea-cupful in the twenty-four hours. This continued for upwards of a week. For the last four days she has passed much less—the average daily quantity not exceeding a wine-glassful. Last night she breathed heavily, and there has occasionally been considerable dyspnœa. *At present*, she is pale; feverish; skin hot; pulse 116, small; face puffy and swollen; there is much tumefaction of the abdomen, which is tense, and dull on percussion; no appetite; urine scanty, and resembling moss-water; contains a considerable quantity of albumen; the respiratory sounds are healthy.

Terebinth. 1st dec., 1 drop every 2 hours.

November 12.—Between 7 and 10 o’clock last night, had a severe attack of dyspnœa, with complaint of pain across abdomen; has passed twelve ounces of urine within the last twenty hours; no trace of albumen. Continue Turpentine.

November 13.—Much better to-day; no return of dyspnœa; pulse 96; tongue clean; appetite good; has passed sixteen ounces of urine during the last twenty-four hours. Continue Turpentine every 4 hours.

November 15.—Quite better; anasarca gone; pulse natural; skin of natural heat; appetite good.

CASE XXVI.—RHEUMATIC FEVER.—*David H*—; *æt.* 12. *August 29, 1857.*—One morning, on awaking, about five days ago, he found the sole of his left foot so painful that he could not walk. In two days the other foot and both ankles became affected, and since then he has gradually got worse. *At present*, he is crying with pain, affecting the elbows, wrists, ankles, knees, &c.; these joints are hot, and some of them swollen; skin hot, and generally dry, but occasionally breaking into copious perspiration, without any relief whatever to the general symptoms; pulse 120; great thirst; tongue very dry, and coated white; urine scanty, high-coloured, and acid; the action of the heart is heavy and laboured; a distinct bruit is heard with the first sound over the left side.

Aconite, 1st dec., 1 drop every hour.

August 30.—Much the same; no change; slept none last night, but cried with pain; is bathed in a most copious perspiration.

Bryonia 1, in alternation with Aconite every hour.

August 31.—A little easier; slept some during the night; can move joints more freely; perspiration continues, but without relief; skin hot;

pulse 120; tongue foul; heart sounds unchanged. Continue Aconite and Bryonia.

September 1.—Much better; pains only felt in ankles; pulse 96; skin cool; no perspiration; bruit less loud.

September 2.—Steadily improving; right wrist alone affected; skin cool; pulse 96; tongue moist.

September 4.—No vestige of pain in any of the joints: rapidly recovering. Continue medicine.

September 22.—Has continued quite well; the *bruit* has disappeared, and in its room a *click* is heard with the heart's action.

CASE XXVII.—RHEUMATIC FEVER.—*Edwin M*——; *æt.* 5. *October 3, 1857.*—Yesterday he complained of cold and shivering, and shortly after he fevered, and said his limbs were all sore; was very feverish and thirsty during the night, and cried with pain. *At present*, there is great fever; skin burning hot; pulse 120; intense thirst; urine scanty, high-coloured, and acid; he is restless, and very frequently cries with pain. As yet the knee and ankle joints are most affected; he cannot move them without much suffering; heart's action strong, but otherwise natural.

Aconite 1st. dec., 1 drop every 2 hours.

October 4.—Fever rather less, but the joints are worse; got no sleep last night; the knees, ankles, and wrists are swollen, and very painful; skin hot and dry; much thirst. There is no cough or dyspnoea, but he complains of palpitation, and over the præcordial region *a loud, musical bruit is audible with the first sound*. No increased dulness on percussion.

Bryonia 1st dec., 1 drop to be given every hour in alternation with the Aconite.

October 5.—Complains less of pain; much fever; thirst; scanty urine; the knees, both ankles, and both wrists, are painful and swollen. Heart's action the same as yesterday. Continue medicines.

October 6.—No fever; skin cool; pulse 96; all the pains gone, except in the wrist joints, but especially the left one. Bruit audible, but not so loud. Continue medicines every 2 hours in alternation.

October 9.—Is up, and going about the house; no pain in any of the joints. *Bruit* very slight.

October 11.—Quite well; no return of pain. Bruit quite gone, but occasionally a slight *click* is heard in its room, scarcely worthy of notice.

CASE XXVIII.—ACUTE RHEUMATISM.—*Michael G*——; *æt.* 33. *November 16, 1857.*—States that for three or four days he has experienced pain in the right ankle joint when walking, or when pulling off his boot. He had received no injury, and could not account for the symptom; there was no external swelling or tenderness. Yesterday the pain got much worse, and in the evening the joint appeared inflamed and swollen. *At present* there is intense pain of the joint, and much external swelling and redness, which spreads all round the joint and over the dorsum of the foot; the malleoli cannot be distinguished; the skin is bright red, tense, and shining. There is some fever; skin hot; pulse 96, very strong; tongue coated with a white fur; bowels open.

Aconite and Bryonia 1st dec., in alternation every hour; a soft poultice to be applied to joint.

November 17.—Feels much easier; no pain in joint, but there is still

much external inflammation and swelling; no fever; continue medicines. The poultice to be discontinued, as it is felt to be uncomfortable.

November 18.—Still improving; the swelling has fallen considerably, and the malleoli are visible; the redness has lost its brightness, and is fading. There was a slight return of the pain last night. Discontinue medicines.

Rhus tox. 1st dec., 1 drop every 2 hours.

November 19.—Swelling almost gone; no redness; no pain whatever; can move the joint freely. Continue Rhus.

November 21.—Is out at his usual employment to-day, quite well.

CASE XXIX.—OZÆNA.—*Grace S*—; *æt.* 16. *June 23, 1857.*—A dwarf; with large head; tumid joints; long bones curved; of highly strumous parents; her father died of Phthisis Pulmonalis. She has never menstruated.

Ever since childhood has had a discharge of matter from the mouth during the night, which was recognised in the morning as having stained the pillowcase yellow. About four years ago, a discharge from the nose commenced, and has since continued without intermission. At intervals it is more copious than at other times, but it never ceases. It runs from the nose over the upper lip, and has every now and then to be wiped away. In colour it varies: it is sometimes yellow, sometimes greenish, “with thick lumps in it.” It is so acrid that it excoriates the upper lip. Its smell is most offensive, and occasionally so bad that no one can go near her. During the whole course of the disease, she has used the average of twenty-five handkerchiefs a-week; the mucous lining of the nares is red and inflamed in appearance. Her general health is tolerably good, but she often complains of pain referred to the occiput. One remarkable symptom has been steady during the whole course of this affection—namely, “dreadful perspiration” *every night from the middle of the body downwards*, so extreme as to require “frequent wiping.”

Aurum 3, 1 grain twice a-day.

June 28.—The discharge is slightly less, and not so offensive. Continue Aurum.

July 3.—Continues somewhat less. Continue Aurum.

July 17.—Very much better. Her mother says that she has not been so well for three years, and that the discharge has never been so small. The offensive smell is scarcely felt, and in place of using twenty-five handkerchiefs, has only used *two* during the last week. The occipital pain is not nearly so intense or frequent, and the nocturnal perspiration has entirely ceased. Continue medicine.

July 19.—Continues much better; discharge comparatively slight; two days ago there was a small discharge of blood from the nose, the first she has seen; for six days only two cloths have been used, and the second is scarcely soiled; the inflammatory redness of the mucous lining of the nose is away, and the membrane presents its natural appearance. Continue Aurum *once* daily.

July 27.—Scarcely so well; during the past week has used *four* handkerchiefs. The discharge more free, and with some offensive smell. Continue Aurum *twice* a-day.

August 1.—Better; has only used two cloths since last report. Omit Aurum. To have Merc. sol. 3d dec., 1 grain twice a-day.

August 9.—Not so well; has used more cloths; discharge greater. Omit Merc. Resume Aurum 3.

August 17.—Much better; has only used *one* cloth during the last eight days.

September 1.—Continues better. Continue Aurum.

October 6.—Continues better; the discharge has lost its purulent character, and is now principally of thick, greenish mucus. The average number of handkerchiefs used each week has been three. Omit Aurum.

Kali bichrom. 1st dec., half-a-grain twice a-day.

November 8.—Since last report she has continued better. Her state is this:—She has perhaps rather an excess of discharge of mucus from the nose, and uses four or five handkerchiefs in the course of fourteen days, instead of fifty as formerly; there is no purulent discharge; no smell is perceptible, unless after taking cold; her general health is excellent; and she has not been so well, her friends say, for four years.

CASE XXX.—CONDYLOMATA.—*Rosanna H*——; *æt.* 2. *August 18, 1857.*—About six weeks ago, two small tumours formed at the verge of the anus, which have gradually increased till now; they entirely surround the anus, and are about half-an-inch deep, and quarter-of-an-inch in thickness; they are split into lobules, having a white and cauliflower appearance.

To apply a lotion of Corrosive Sublimate, each ounce of water containing quarter-of-a-grain of the preparation.

August 30.—No better; the tumours have increased in size. The strong Tincture of Thuya to be applied twice a-day.

September 7.—No better. Discontinue the external application, and take internally half-a-drop of the Tincture 3 times a-day.

September 15.—Tumours decidedly less. Continue medicine.

October 2.—Much less; not one-half the original size.

October 9.—Nearly well; the tumours are quite away, and nothing but a simple enlargement of skin remains. Continue medicine.

November 2.—Can find no trace of the disease.

Few will be disposed to deny the satisfactory termination of the above cases, and most, I feel convinced, will admit that the recoveries were, in point of time and completeness, superior to the ordinary run of such cases under the usual treatment. Many will also be surprised at the rapid termination of such cases as those of pleuritis, scarlatinal dropsy, rheumatic fever, &c.; the difficulty being to account for the happy termination of the cases in general, and the strikingly short progress of some of them in particular. It may be thought that I have *selected* those showing the most favourable results out of a mass, from which many might be chosen showing no results at all; but such is not the fact. Had I kept a faithful record of every case homœopathically treated from the time I became familiar with this method, an accumulation of evidence in favour of the practice would have resulted contrasting strongly

with the results of the ordinary method, and presenting a body of *facts* somewhat difficult to dispose of. I do not, however, wish it to be understood that the practice has been one of uninterrupted success; on the contrary, failures have been met with; but *in no instance have I succeeded with the old system after failure with the new*, while I have frequently succeeded with the new after failure with the old. Indeed, so far as I remember, the failures, with one exception, were limited to cases where hopeless organic change existed, and where palliation alone was admissible.* In the majority of such cases, so far as my experience has *as yet* gone, I frankly admit the superiority of the ordinary treatment. The exceptional case above referred to was one of very severe dysentery, in which change of air at once effected what both methods of treatment failed to do. In this case I trusted solely to the third dilutions of the centesimal scale, but subsequent experience has convinced me that, had I used the first or second decimal preparations, very different results would have been obtained. It will be observed that I record no deaths; a circumstance in part accounted for by the fact, that when on any occasion a case presented itself of so serious a nature as to lead to the belief that a fatal issue was inevitable, I adhered to the ordinary treatment, lest, by doing otherwise, regret or sorrow might be caused to surviving friends, who probably would afterwards become aware of the practice followed. That I avoided *all* cases of serious disease, is not true. Even some of those reported threatened life, and I can recall several severe instances of infantile cholera, congestion of the brain, and one case of tabes mesenterica, of which, unfortunately, no notes were taken, but which I cannot help thinking would have terminated fatally but for the assistance of the homœopathic remedies.

The cases recorded are, I have stated, fair average specimens of those treated during my investigation, but, while in a general way this may with truth be affirmed, I shall, for the sake of accuracy, glance shortly at these, and enumerate one or two

* I must here except two cases of irritative cough, both of which were cured by morphia after the unavailing use of several homœopathic remedies.

instances in which I have detailed the only cases of the kind that have come under my notice.

Laryngitis.—No. 1. is the only case of acute inflammation of the larynx I have had. Two cases threatening to terminate in croup, where the principal symptoms were fever, barking cough, and hoarseness, were speedily restored under Aconite, Spongia, and Hepar sulphuris. Two cases of acute aphonia from common cold were also soon cured by Spongia and Hepar, and one very bad case of complete aphonia, of one month's duration, was cured in three days by the 3d dilution of Hepar.

Pneumonia.—Nos. 2 and 3 are the only cases of unequivocal inflammation of the lungs I have had.*

Pleuritis.—Nos. 4 and 5 are the only two cases of *severe* pleurisy I have treated in this way. One case of continued fever, in which there was at its outset undoubted affection of the pleura, was seen for me by another practitioner, and did *not* yield to the application of leeches, with calomel and Dover's powder, but disappeared in a few hours after the administration of Bryonia. Several cases of very limited pleurisy coming on in the course of phthisis, heart-disease, &c., have also been successfully managed in the same way. Numerous cases of pleurodyne have come under my care, and have terminated in the usual rapid and satisfactory manner observed under this treatment.

Acute Bronchitis.—Nos. 6 and 7 are two out of several similar cases showing equal results. Two cases of the suffocative bronchitis of children, both of which occasioned much anxiety and alarm, terminated in the happiest manner under this treatment. I neglected to take notes of these, and can therefore only look back on them as additional proofs *to me* of the high value of the homœopathic method.

Hooping-cough.—Nos. 8 and 9 are two out of several such. I lost one child from this disease, but it was treated allopathically. This was not a case in which at first a fatal result could have been anticipated.

* Since the above cases were in type, another case of Pneumonia of average severity has been treated successfully by the administration of the same remedies.

Cynanche Tonsillaris.—No. 10 is one out of many others showing like results.

Angina.—No. 11 is given as one out of a very large number treated in the same way, and with similar results. The rapidity of the cure in such cases is often most remarkable.

Diarrhœa.—Nos. 12, 13, 14, and 15 are given as illustrative of the treatment adopted in a large number of such cases during last summer and autumn. The progress of the cases varied considerably, but I did not, on any occasion, find it necessary to resort to ordinary measures. As a rule, the lower and stronger dilutions were much more rapidly curative than the higher and weaker.

Dysentery.—Nos. 16, 17, 18, and 19 are also fair specimens out of a large number of similar cases.

British Cholera.—Nos. 20 and 21 are two out of probably five or six similar cases.

Cholera.—No. 22 is the only case of this disease I have seen lately. Had Asiatic cholera been epidemic, it would, without hesitation, have been considered a well-marked case of the disease, as not a feature was wanting to complete the picture. This case, taken singly, proves nothing; but, viewed in connection with Nos. 12, 13, 14, 15, and 21, it certainly affords additional evidence of the value of arsenic in some forms of diarrhœa. This drug has all along been recommended and used by homœopathic practitioners in cholera and choleraic diarrhœa, and it is interesting to watch the cool effrontery with which it and other drugs (*e.g.*, phosphorus in phthisis*) have been appropriated without acknowledgment by allopathic writers. Dr Black of Chesterfield, writing in the "Lancet" of October 3, 1857, claims the remedy as "a specific for cholera," and affirms that it acts "in accordance with a well-known physiological law." As he does not announce what this well-known law is, two letters, somewhat peevish in their style, appear in the same journal of October 10, requesting an explanation of the *modus operandi* of a drug only used by the "similia similibus gentry." Dr Black, replying in the follow-

* "Monthly Homœopathic Review," vol. ii. p. 284.

ing paper of October 17, says, "it produces its effects in accordance with a well-known physiological law: that no two actions of a similar nature can go on in one and the same part at one and the same time; that, in short, the greater action destroys the less." Here, then, is the homœopathic law, or something very like it, publicly announced in the pages of the "Lancet," the most malignant of orthodox journals! This *discovery* is then commented on by Dr William Hitchman of Liverpool, who says, "Here are the indications for arsenic—in a word, its reflected portrait. . . . Abundant clinical experience has taught me, that doses large enough to disturb the general system have often very little curative power over disease, which in truth succumbs readily to much smaller quantities. . . . I have had ample opportunities of obtaining rapid and permanent cures *from the hundredth part of a grain* of arsenious acid, even in extreme cases, where the vomits, cramps, and dejections were incessant, and appalling to the stoutest heart." Where is homœopathy, if it is not here? Dr Black first enunciates the law; Dr Hitchman then explains the rule of guidance in the selection of the remedy, and, lastly, advocates the use of the 1st dilution of arsenic; and all this in the "Lancet." Meantime this journal makes no sign.

Colic.—No. 23 stands alone in my case-book. The symptoms were precisely those I have repeatedly seen terminate in ileus, and which formerly I would have treated with full doses of opium, and probably calomel internally, and turpentine cloths externally.

Scarlatinal Dropsy.—Nos. 24 and 25 are two out of at least twelve such cases. The course of each case is similar to those reported, with one exception. This was a case of unusual severity, but terminated in three weeks in perfect recovery. I may here mention, that, in a large proportion of these, although the albumen disappeared rapidly after the use of the turpentine was begun, the anasarca did not show a corresponding decrease, and frequently continued, notwithstanding the absence of even a trace of albumen. These cases generally yielded with great readiness to arsenic.

Rheumatic Fever.—Nos. 26 and 27 are the only two cases

of true rheumatic fever I have treated by the homœopathic method. One or two rheumatic affections following scarlatina, in which the joints were involved, have come under my notice. Notwithstanding the presence of considerable febrile disturbance in these cases, I have rejected them, on the ground of not being *severe*. In these instances, the treatment speedily removed all trace of the disease.

Acute Rheumatism.—No. 22 very much resembled rheumatic gout. One case of genuine gout I treated allopathically for five months, with scarcely any benefit—the redness, pain, and swelling of the great toe continuing all along, in spite of the use of colchicum in all its forms, iodide of potassium, quinine, &c. After *three days' use* of the Tincture of Arnica, 3d dilution, the heat, swelling, and pain disappeared, and never returned.

Ozæna.—No. 29. This remarkable case is the only one of the kind I have had.

Condyloma.—No. 30 is the only case of this disease I have treated homœopathically.

After such details, it appears an idle task to compare two systems of practice which bear no resemblance to each other in any one particular; for, granting that the *results* were *the same*—a concession which to any one who has tried *both* plans appears inadmissible—are the *means* by which these results are attained of equal merit: the bleeding, calomel and opium, and blistering, of the one, and the aconite and bryonia of the other—the colocynth and croton oil of the ordinary method, and the tasteless belladonna of the homœopathic? That the foregoing results are such as I could not reasonably have expected under allopathic treatment, seems to admit of little doubt. Acute pleurisy, of such severity as I have reported, does not usually terminate—if indeed it ever does—with such rapidity, in both instances, within a very few hours after the commencement of the use of the remedies. It must be remembered, too, that these cases, though few in number, bear out the *facts* already reported by competent observers, independent of hospital statistics, and amply scattered through homœopathic writings. Again, I never saw or heard of rheumatic fever, with cardiac complication, terminating in six or eight days

under the ordinary treatment. Dr Black, in an interesting paper in the "Brit. Journal of Homœopathy," vol. xi., details twelve cases, giving an average duration of 19 days. In three severe cases published by Dr Henderson, and three by Dr Lawrie, the average is 19.3 days, the longest 47 days, the shortest 8 days. Under allopathic management, very different results are observed. "Sir C. Scudamore states the duration in favourable cases as 21 days. . . . Chouel assigns 4 weeks as the average period. . . . Dr Macleod ranks the duration at from 5 to 6 weeks. According to Dr Fuller's experience, drawn from 246 cases admitted in St George's Hospital, the great majority were convalescent about the end of the fourth or beginning of the fifth week, and were able to leave the hospital about the end of the sixth." The two cases I have recorded certainly ran a course unusually short, and I am not so sanguine as to expect such results to be of common occurrence; at the same time, the details are quite in accordance with many others reported by those who have adopted the homœopathic practice, and *not* in accordance with the results of ordinary treatment. I might allude in like manner to the cases of scarlatinal dropsy, facial rheumatism, &c., as showing immeasurably superior results to anything I had ever seen under allopathic treatment; but a perusal of the individual cases will be proof enough to any one who will go the length—an unusual distance for an allopath—of admitting the *honesty* of the reporter.

To what then are these results to be attributed? *Imagination* must be excluded as an element in the calculation; for, as before mentioned, "in no instance was the patient aware that he received other than orthodox medicine." Besides, many of the *best* recoveries were among infants and very young children. *Diet* and *regimen* had no share in the favourable results, for, with the exception of the cases of diarrhœa and dysentery, where the instructions were of the most general nature, no directions were given whatever. Indeed, I purposely avoided the strictness of rule previously enforced in allopathic practice, in order to avoid the possibility of any such objection being urged. The objector must therefore ascribe all to

Nature, or admit the operation of Art. That the former was the sole agent I cannot admit; and I do not refuse this admission from a desire to establish a point or gain a purpose. No man who has ever *witnessed* the progress of cases homœopathically treated, will believe that the *vis medicatrix naturæ* is competent to cope so promptly and so successfully with diseases which, under the ordinary treatment, go on for weeks, instead of days, as under the homœopathic. Relief coincident with the use of the remedy, and occurring day after day, in similar circumstances, but in different cases, not only often strikes the patient as remarkable, but forces conviction on the mind of the observer, whether in a state of doubt or of positive unbelief. It is *impossible*, in short, to shut one's eyes to results so palpable and obvious, and no amount of *reasoning* will rebut what daily experimentation has established. I am quite alive to the "uncertainties of medical evidence," and to the necessity of broad data, when methods of medical treatment are to be determined; and I do not therefore attach much importance to any case (with one exception) detailed singly, but I *do* attach importance to the *collective results* of these cases, the more especially as they support the testimony of a band of honest and able, but grossly-misrepresented and persecuted men, who, for years, have testified to similar facts, though unheeded, and mayhap despised, by individuals interested in misrepresenting them.

On reference to the cases, it will be found that, in almost every instance, abatement of the symptoms occurred so soon as the use of the remedy was begun; that, in Case 8, nature had 14 days to effect a change; in Case 9, 6 or 8 weeks; in Case 12, 3 or 4 weeks; in Case 13, 5 days; in Case 25, 11 days; and in Case 29, about 4 years; but that in all of these cases, and in many which have not been reported, a rapid, and in some an immediate, cure was ~~a~~ffected, its *commencement coinciding in point of time with the use of the drug prescribed*. On more minutely examining Case 29, it will be noted that, on the 19th July, 26 days after beginning the treatment, the cure was far advanced towards completion, but that, *on reducing the dose by one-half*, the symptoms recurred,

though not with their original severity. On the 27th July the full dose was again administered, and was immediately followed a *second* time by improvement. This continued till the 1st August, when the medicine was omitted, and another substituted, but the symptoms *again* recurring, the drug first given was a *third* time resumed, to be followed a *third* time by abatement and cure. Was *Nature* the sole agent in all these operations? If so, she must have a strange partiality for homœopathic treatment; an affection, indeed, on her part so constant, as may well-nigh induce one to follow the practice, were it only to share her favours. And who are the men who affirm their belief in this power of nature? The very men whose daily *practice* exhibits an open contradiction of their *faith*. Do *they* trust to nature in pleurisy or pneumonia? Do they not bleed, and blister, and salivate? Do *they* trust to Expectancy in rheumatic fever? Do they not rather shape their practice according to the prevailing theory of the day, and at one time pour in *alkalies*, at another *acids*, calomel and opium, or colchicum? How the ordinary old-school practitioner *can* urge nature's power to cure *tuto, cito, et jucunde*, in such cases as are daily recorded by practitioners of the new method, and yet persist from day to day in prescribing quantities of crude and nauseous drugs, is not easy to conceive. If these gentlemen really believe what they affirm, ought not the blush of shame to mantle on the cheek at such a confession of the omnipotence of Nature, and the impotence of Art? If Nature can do all, where is the need of the lancet and the bleeding-basin, the blister and the purge? Is it consistent, is it honest, to administer so actively, if nature can do what is necessary without *such* aid? It need not be said that I am taking for granted what has never been alleged—namely, that nature *can* do all. I take my position as dissenting from the broad statement made by Sir J. Forbes, and reiterated by his followers, that “the practice of homœopathy, now so widely spread, is the most perfect as well as the greatest example of pure expectation that ever existed in the medical world;” and I argue, that, if the opponents of homœopathy believe that nature is capable of managing the countless cases of acute disease which

fall into the hands of the practitioners of this system, they must also believe that she is equally able to manage those of their own, and that therefore it is neither consistent with their faith, nor honest in their practice, to affect assistance. But, whatever importance allopathic practitioners as a body may profess to attach to the operation of Nature in the successful termination of cases treated homœopathically, a more summary method of disposing of these results is generally adopted—namely, denial that such cases and such results were ever observed; thus not hesitating to advance the accusation of falsehood and fraud. It is worse than useless, on a subject of this kind, to mince matters; and it is difficult to suppress a feeling of indignation, when such reckless and unscrupulous charges are brought against men of whom the accusers know nothing except that they are *homœopathists*. Of homœopathy, in short, it is *assumed* that dishonesty is inherent in its very nature, and that therefore its practitioners are knaves, deceivers, fools. And why? Because they differ from their brethren in the size of a dose, and in the mode of its selection! With men of this temper it is impossible to reason, as there is no common ground on which to meet them.

The result of my investigation of homœopathy, so far as I am personally concerned, is a conviction of the truth of the law of similars, and of the curative power of the small dose, *when administered in accordance with that law*. After some doubts and misgivings, I accepted the *provings* of Hahnemann and his followers as essentially trustworthy, buttressed as they were by the collected observations of Dr Christison in his work on Poisons, to whom the homœopathic profession is under deep obligations. By “small dose,” I refer only to what I have used and found effective in practice. The preparations most employed were the strong tincture, and the lowest dilutions of the decimal and centesimal scales. Of the higher dilutions generally I can form no opinion based on experience, and therefore refrain from giving one. As in ordinary practice, so in this, each practitioner must exercise an independent judgment, and use the dose which in his own hands he has found most efficacious. It is often alleged that

no homœopathist, if consistent, can use appreciable doses, and it is quite unaccountable to find in the writings of a man like Sir J. Forbes such a piece of transparent absurdity reproduced. If a homœopathist is to be known by his name, then I fail to find in it anything to distinguish him from among others, as one who has committed himself to inappreciable doses—the *name* involves an expression of a law of cure, but nothing more. Again, if a homœopathist is to be regarded as one who of necessity must embrace all the errors and caprices of the founder of his school, then probably no such individual will be found to exist in the habitable globe. The *true* homœopathist is the man who recognises the formula, *similia similibus curantur*, and it is neither candid nor generous to make the controversy appear one of sensible and insensible doses, by throwing dust in the eyes of the profession and the public. Let it never be forgotten that even Hahnemann used strong doses of camphor in cholera, and sensible doses of mercury in some forms of angina, and that the whole subject of the dose is a question of individual judgment, and not of fixed rule.*

* Not merely do the opponents of homœopathy deny the right of the practitioner of this system, if consistent, to use appreciable doses, even when given in accordance with the *principle*, which is, or ought to be, the only mark distinguishing him from others; but they endeavour, with characteristic unreasonableness, to prevent his making use *in any case* of other than homœopathic remedies. Taking advantage, in the most ungenerous manner, of the expression “law,” they affirm that, if applicable to one, it must of necessity be applicable to every conceivable case of disease, whether curable or incurable. That the *law* is of universal applicability to cases of *curable* disease, every homœopathist holds as necessary to its very existence as such; but it does not follow that a law of *cure* must be of corresponding practical value in those cases which cannot be said to come fairly within the sphere of its action, and where *palliation* alone is admissible. For example, in some cases of irremediable organic change, where all curative measures are useless, and where it may be necessary to alleviate present suffering, is the homœopathist to be denied the privilege of administering an opiate or of applying a cataplasm, because he believes in the existence of a law of *cure* applicable, as its name implies, only to *curable* cases? Or, in general dropsy from heart disease, is the homœopathist for a like reason to be deterred from the humane act of soothing his patient’s sufferings, and, it may be, of prolonging his tenure of life, by the use, if he sees fit, of antipathic measures, to produce a palliative where a healthy action is impossible? The attempt is so monstrously unjust and intolerant, that it is difficult to take a charitable view of the conduct of any one who charges the homœopath with inconsistency or dishonesty in such circumstances. As well might his right to replace a dislocated bone or to extract a stone

I fully anticipate that the cases I have detailed will meet with the fate which, in the present temper of the profession, awaits all contributions tending to favour a system of practice so contrary to our preconceived ideas and hopes. Some will deny the competency of the reporter, some will lament his credulity, and some will doubt his good faith. To the first I can only say that, in reporting these cases, I have done my best; to those who think me credulous, I can only tell what I know, and bear testimony to what I have seen; and to those who doubt my sincerity I have nothing to say whatever. Yet I am not without hope that some of the junior members of the profession, whose reverence for the beaten paths of old physic can scarcely yet be supposed to have produced a state of mental thralldom and narrowness, may be inclined, by what they hear and read of homœopathy, to turn aside and explore this field, to them, hitherto unknown, and to do this with "the fairness and liberality characteristic of a love of truth." Homœopathy is either the greatest medical truth, or the grossest medical delusion. Its adherents believe it, *on evidence*, to be the former; its opponents believe it, *without evidence*, to be the latter. It stands condemned by *à priori* reasoning on the one hand, and acquitted by daily experiment on the other. It has never yet been proved false, for not a particle of direct counter-evidence has been produced in opposition to the accumulated facts of years. Can any one doubt the duty of *personal investigation* in these circumstances? "It is ever to be borne in mind that the case of homœopathy is not that of an improbable occurrence, which, like a miracle, has happened but once, and can never happen again, belief in which must be established,

from the bladder be questioned, for the one class of cases is as really beyond the sphere of the law of similars as the other. For my own part, I would disclaim all connection with either school, were it to involve a slavish submission to the dictation of any man, or body of men. If homœopathy demanded that in *no case whatever* must its adherents depart from purely homœopathic treatment, then for one I would have nothing to do with a system so exclusive; but, while yielding a willing allegiance to the guiding principle, I would expect it only to act *within its proper limits*, and not, like its *rational* opponents, demand of this law what has never been asked of another—namely, that it should act *beyond its sphere*.

if at all, by testimony alone. The evidence to which we first and most strongly appeal is the impartial experimentation of our opponents themselves; if this do not convince them, we offer to grant them an honourable absolution from believing. Thus their varied monotony of excuse is an attempted justification, not of their disbelief, but of their refusal to investigate—a refusal which, in this age of the world, and in the present position of homœopathy, is not only disgraceful to any one making the smallest pretensions to scientific acquirements, but absolutely admits of no justification whatever. It is not too much to say that there can be no such thing in science as an *improbability* so great as to justify a refusal to investigate that which is attested by a reasonable amount of testimony.” Why should ridicule and abuse be the weapons of this warfare? and why should feelings of enmity so affect one’s better judgment? The investigation is one of the most serious import, and ought surely to be approached in a spirit befitting a subject which so nearly concerns the issues of life.

It will not, I trust, be regarded as out of place or presumptuous on my part, if I ask my younger brethren to consider well the evidence on which they are urged to condemn this method. They have been told that the law is a dream; that the curative small dose is an impossibility; and that the statistics of this practice are false. All kinds of absurdities are held up to them as of necessity integral parts of the system. No distinction is drawn between the essentials of homœopathy and the wild vagaries of its over-enthusiastic adherents, and on *opinions* and not on *facts* they are called on to rest their judgment. Does this satisfy them? Do they feel that not a doubt remains of the falseness of homœopathy? or have they not rather a lingering fear lest this system may contain the germ of a great truth? That such a fear exists in the minds of some, I know to be a matter of fact; and is it not rational to set this uncertainty for ever at rest by *experiment*? and how otherwise than in this way is it possible to determine a practical question? The allopathic school demands of the younger members of the profession an unqualified opinion condemnatory of this system, and they are warned of the danger of

testing it practically; while the homœopathic school asks nothing but an honest trial, and does not require of them to give assent to anything unless verified at the bedside of the sick. Whether, then, the unreasonable demand of the one or the reasonable request of the other is most consistent with *rational* medicine, it is for them to determine. I am aware that there is much in homœopathy to repel the inquirer, but there will be found, as investigation proceeds, more to attract. "Physicians will learn from it that they are not required to commit themselves to what they may unavoidably dislike about Hahnemann; that they are not called upon to pledge themselves to any hypothesis, or to any speculations whatever; that what is required of them is a reasonable service—namely, to open their eyes to see, and their mouths to acknowledge, what is true and useful as a matter of fact." *

* "Sharp's Essays," p. 329.



